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# The relationship between mental health and women's tendency to suicide in sardasht

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## Abstract

Aim of this study was to determine relation between mental health and women's tendency in sardasht to suicide. Method was descriptive and correlation. Subjects were 93 female who were in the age of 25-35 years old and all were from sardasht city in western azarbaijan province. They were chose and interviewed volentirly. The instruments were: 28 items GHQ questioner of Goldberg and Hillier 1979 and validily was 0/91. pearson's correlation test was used for data analysis. Results showed there is significant relation between mental health and tendency to suicide.  $P<0/001$  Conclusion: physical health, anxiety, social Function , depression were caused women's tendency to suicide and according to literature of researches a series of factors conclude in attempt to suicide.

Keywords: Mental health, suicide, women.

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## Introduction

Women play an important role in upbringing of the generation which builds future of the society. Therefore the health of women equals to the health of the society. Considering that women constitute half of the world population and play a significant part in the society, putting their health at the center of attention gets significance. Women commit suicide four times that of men but men have complete and successful suicides four times that of women. The statistics of suicide which were reported in the form of **ignition** in the cities of Tehran, Kermanshah and Khoramabad show large numbers (Tailor, 1379).

Mental health is a state of social welfare and also an inner feeling of the individual based on that s/he is able to **tolerate** the society and that his/her personal status and the social features are satisfactory to him/her (Kaplan & Sadock, 1991, quoted by Dehghani, 1385)

Also some of the psychologists believe that mental health means to have a humane aim in life, attempt to wisely solve the problems, compromise with the social environment according to the scientific and ethic standards, have faith in working, responsibility and finally follow the benevolence and benefaction principles (Shafi Abadi & Naseri, 1386).

In 1970 Wright and Tailor suggested some characteristics of health which are as the following:

**1. Happiness:** Lack of happiness is observed in most of mental disorders and the disorder intensity may be based on the level of existing unhappiness in individuals. There is a close relationship between the lack of happiness and other mental disorders. Lack of happiness is acceptable in some certain situations in the individual's life (such as grieving) but if its quality and quantity changes it will be considered as a mental disorder.

**2. Merit and efficiency:** An individual, who benefits the mental health, makes use of his merit so as to satisfy his needs. If his needs are of the physical, emotional or social type, in the case of a mental disorder, a great deal of his mental energy will be wasted as the internal friction and stress and therefore his efficiency will be reduced significantly.

**3. Anxiety:** anxiety is probably the most common and prevalent sign of mental disorder which is mostly accompanied by physical symptoms including sweating, stress, tremor, sight disorder, headache, heart palpitations, indigestion and sleep disorder (Farjad, 1374, quoted by Dehghan, 1385).

The term “suicide” was defined as an action that the person takes to kill himself while he is empowered to be alive or dead and he isn’t ethically obligated to commit it. From the psychological perspective, suicide is defined as an intentional self-killing in order to become free from an unendurable situation. This definition implies that if suicide is committed due to the impulses derived from religious and ethical considerations (beyond an action opposed to the honor, not to burden the others) it will be considered as a kind of self-sacrifice and therefore it is distinct from those suicides committed because of disturbed and perturbed feelings etc. (Parivar, 1388)

According to **World Health Organization**, committing suicide equals a non-deadly action in which the person goes intentionally through an unusual behavior (to hurt oneself, to eat more than the prescribed amount of medicine) so as to achieve his expected changes (Platt et al., 1992, quoted by Hawton & Heeringen, 2000).

All the individuals who commit suicide follow some common objectives, the most important of which are:

**1. Resolution to the crisis:** suicide is an action with the purpose of getting free from a problem or a dead end which has changed to an unendurable crisis. In other words person thinks of the suicide as the only possible solution to survive the states of bewilderment and confusion.

**2. Mental stress:** ungratified needs, desires and wishes sometimes affect the thoughts and minds of the disappointed and hopeless individuals to the extent that they are impelled to commit suicide. All the attempts to commit suicide are the results and reflections of the ungratified psychological needs.

**3. Feelings of disappointment and helplessness:** all the individuals who consider themselves helpless and unable in front of their lives’ difficulties and negative agitation and think that their problems will never be solved, suffer the bewildering and disturbed thoughts which sometimes impel them to hurt themselves.

**4. Inability to stand pain and sorrow:** those who attempt suicide usually see themselves unable to endure any more pain. They try to escape from their unendurable situations by suicide. There is no place in their minds and thoughts for the pains and difficulties of the life any more (Salahshur, 1386).

**World Health Organization** proclaimed that in 2000, 825000 persons were dead because of suicide which most of these suicides took place in the Eastern Mediterranean where most of the Islamic countries are located there. According to the statistics of 1380-81, about 63.6 percent of those who have committed suicide are women and 37.4 percent are men. These statistics are beyond that of other countries (Parivar, 1388).

Probability of suicide in the individuals with low social and economical status is higher than that of other classes and also the risk that they kill or hurt themselves is higher than that of others (Linehen, 1995, quoted by Mahmudi et al., 1388).

Howton & Heeringen (2009) in a research came to the conclusion that every year one million individuals lose their lives due to the suicide. In other words, in every 40 seconds, one individual commits suicide. The high suicide rate is associated with the mental illnesses. About 90 percent of the individuals who attempt suicide suffer from some kind of psychiatric disorders. 4, 10 to 15, and 5 percent of those who suffer from depression, bipolar disorders and schizophrenia respectively attempt suicide. Factors such as misuse of drugs and alcohol; mentally lack of appetite; suicidal background; smoking; hyperactivity disorder; sexual abuse in the childhood; constant aggression and the suicides shown by the mass media increase the probability of suicide. The family background increases the suicide probability twice.

Suicide is a phenomenon which is influenced by several factors. In America 34 and 17 percent of females and male, respectively, who lost their lives due to suicide have had experience of suicidal attempts. About 80 percent of suicide victims in America suffered from mental disorders, misuse of drugs and depression. 77, 14, and 11 percent of those who committed suicide had depression disorder, bipolar disorder and anxiety disorder respectively. About 30 percent of those who attempted suicide have referred to factors such as unemployment, physical illnesses, and emotional crises.

Prevalence of mental illnesses among women is more than that of men. For example in America in 2007, 13.3 and 8.1 percent of females and males respectively suffered from depression. Although not all of individuals suffering from mental illnesses commit suicide, mental diseases are important factors of committing suicide. In 2003-5, from every ten thousand individuals who were admitted to the medical centers 13.7 percent had committed suicide, the

rate of which was higher in the women compared to the men. It seems that women who suffer from chronic diseases (such as heart diseases) are more stricken by depression and therefore the risk of their suicidal attempts increases (Women's Health USA, 2009).

Suicide is the most important reason of sudden death in sufferers of mental diseases. From every ten individuals, suffering a mental illnesses one person commits suicide. And the most significant cause of suicide is depression. Individuals usually go through a severe or chronic depression period before committing suicide (Sane, 2008).

Results of Howton & Heerlingen's researches (2009) have proved the relationship between the physical illnesses and suicidal attempts. Diseases such as cancer, HIV/AIDS, epileptic seizure, and arteriosclerosis increase the suicide risk.

Social factors (such as inappropriate economical conditions, poverty, lack of the family support, unemployment, malnutrition) influence anxiety, feeling of insecurity, self esteem decrease, social solitude, mental disorders, depression and finally suicide. Since societies consist of several communicative networks such as education, family health, religion and, social systems..., with the help of organizations and institutions they are able to teach the significance of the mental health to the individuals (ADS Center, 2009).

Lester's (2001) point of view is that the psychiatric disorder of any kind beside the emotional disorders and misuse of drugs and alcohol increases the risk of suicidal attempts. Disorders of disposition are the first and the most important group of mental disorders related to suicide.

Suominen et al. (1996) in Finland found that 78 percent of those who committed suicide suffered from depression. In a research Mann et al. (1999) concluded that the mental feeling of depression, disappointment and the intensity of suicidal thoughts among individuals committed suicide are significantly more than that of others (quoted by Hoseinia et al., 1385 ).

It seems that the reduction of **Serotonin** in the depressed individuals is related to the specific factors such as the lower threshold for toward-oneself aggression and the inward directed one and that it also facilitates suicidal attempts in the susceptible individuals. Reduction of cholesterol level which is due to the diet also raises the suicide probability (Howton & Heeringen, 2009). On the other hand suicide risk in depressed individuals is high when the physical-mental inhibition and the capacity of tolerance of social-mental situations are reduced (Wasserman, 2001).

Relationship between the anxiety disorders and the suicidal attempts also has been investigated in some researches: Statham et al. (1998) showed that the suicidal attempts among the individuals who had **panic disorder** experiences and among those with **sociophobia** are, respectively, 8.5 and 15.6 times that of the common population. Lehman et al. (1995) found that 12.3 percent of those who committed suicide had the diagnosis of anxiety disorder. Weakness of the defensive mechanisms, entity anxiety and meaninglessness of life in anxious individuals (Dadsetan, 1376) may help to the suicidal attempts of the anxious individuals (quoted by Hoseiniani et al., 1385).

Considering the crucial role of women in family and upbringing of children and also regarding the suicide prevalence among this class, study and examination of their problems get an especial significance. The present study examines the relationship between the mental health and the suicidal tendency in women.

#### **Main Question of the Study:**

Is there any significant relationship between the mental health and the suicidal tendency of women of Sardasht County?

#### **Methodology:**

The design of the present study is of the correlation type. The statistical population of the study includes Sardasht 25 to 35 year old women survived the war and chemical bombing period. From the mentioned population, 93 women were voluntarily selected and interviewed and finally the public health questionnaires were filled out by them.

#### **Tools:**

In this study, 28-question forms of Goldberg Public Health Questionnaire (GHQ) have been used. This questionnaire is an instrument of self-reporting method including 4 subscales (physical symptoms, anxiety, sleeping disorder, social function disorder, and depression symptoms). Up to now more than 70 studies have been done about the questionnaire's validity. In Iran the reliability of the test has been proved 0.91 by means of retest method. Aghakhani (1381) and Arjmandi (1383) have obtained the reliability of this questionnaire 0.84 by means of Kronbakh Alfa (Zareh et al., 1387, quoted by Shoa Kazemi, 1388).

#### **Research findings:**

Findings of the research were presented in two levels of descriptive and inferential.

Table1: frequency and percentage of educational level/ description of examinable characteristics according to education.

percent	frequency	Educational status
2.2	2	illiterate
44.5	41	high school dropout
50	46	high school graduated
3.3	3	graduate
100	92	total

Most of the population of sample volume (50%) was high school graduated and the least (2.2%) was illiterate.

Table 2: descriptive data of variables of age, mental health and its related subscales, and suicidal tendency

indexes	mean	Standard deviation	minimum	Maximum
variables				
Age	27.59	2.48	20	35
Physical health	5.92	4.27	0	20
Anxiety	7.25	3.97	1	18
Social function	6.97	3.97	1	18
Depression	5.39	4.79	0	20
Mental health	25.48	13.57	2	76
Suicidal tendency	4.13	3.90	0	15

Considering the results of the table above, with regard to age variable, mean is 27.59. And mean of the mental health subscale is 25.48 and that of anxiety is 7.25 and of suicidal tendency has been obtained 4.13.

Table 3: correlation coefficients between the mental health and its subscales, and the suicidal tendency

indexes	number	Correlation coefficient	Freedom degree	Significance level
variables				
Mental health	92	-0.73**	91	0.001
Physical health	92	-0.35**	91	0.001
Anxiety	92	0.37**	91	0.001
Social function	92	-0.44**	91	0.001
depression	92	0.49**	91	0.001

Results of the research show that there is a significant negative correlation ( $r = -0.73$ ,  $p < 0.001$ ) between the mental health and the suicidal tendency. There is a significant and negative correlation ( $r = -0.35$ ,  $p < 0.001$ ) between the physical health and suicidal tendency and also a significant positive correlation ( $r = 0.37$ ,  $p < 0.001$ ) between anxiety and suicidal tendency. Also between the social function and the suicidal tendency, there is a significant negative correlation ( $r = -0.44$ ,  $p < 0.001$ ) and a significant positive one ( $r = 0.49$ ,  $p < 0.001$ ) between the depression and the suicidal tendency.

## Results and discussion

The present study aims at underlining the necessity and importance of attention to the mental health of women and establishing some strategies and measures preventative of the suicide-related behaviors in order to diagnose the individuals at risk and take measures to prevent their suicidal attempts.

Findings show that there is a negative and significant correlation between the mental health and the suicidal tendency. It means that the less the mental health is, the more suicidal tendency becomes. Several studies such as Howton & Heeringen (2009), Lester (2001) and Hoseiniani et al. (1385) have proved a relationship between the mental health and suicidal attempt. It seems that mental illnesses are the most important reasons to commit suicide.

Also there is a significant and negative correlation between the physical health and the suicidal tendency. Results of the studies of Howton et al. (2009) and Dadsetan (1376) have confirmed the relationship between the physical illnesses and the suicidal attempts. Therefore taking the physical complaints seriously and taking measure to resolve them, in addition to their other benefits and advantages, reduce the suicidal attempts significantly.

With regard to the anxiety disorders, studies of Stathham et al. (1998), Lehman et al. (1995) and Dadsetan (1376) have shown a relationship between the anxiety disorders and the suicidal attempts. In the present research also a significant and positive correlation was proved between the anxiety and the suicidal attempt. By observing table 2, it is found that anxiety has the highest mean among the subscales of mental health and therefore it is concluded that the anxiety and its related disorders can increase the probability of the suicidal attempts. So the necessary and crucial trainings about anxiety control and the methods of reducing it can play an important part in prevention of the suicidal attempts. Of course it should be considered that only one certain factor doesn't result in suicide and there are many individuals suffering from depression, anxiety and other disorders but they don't commit suicide.

Regarding the social functions, it seems that the social disparities, traditions, reactionary tendencies and social limitations are breeding grounds for large numbers of Iranian women's suicide. Women's share of the principal revenue of the country is 10 percent and their annual income is 3000 dollars while men's annual income is 11000 dollars. Women experience the violence in 66 percent of Iranian families and 30 percent of those are exposed to severe physical violence. Helplessness and lack of any solution to get rid of the painful and oppressive situations and also lack of right to choose make women more helpless and make them think of the suicide as the only survival (Body and Mind Health Magazine, 2006). The results of this research have shown a significant and negative correlation between the social function and the suicidal tendency.

Between the depression and the suicidal tendency there is a positive significant correlation. The studies carried out in this field, such as Howton & Heeringen (2009), Wasserman (2001), Suominen et al. (1996), Mann et al. (1999) etc., have shown that depression influences the suicidal attempts. Researches proved that in the situations which both women and men do have more similar social status in, they are the same from the depression level perspective. Therefore by boosting the individuals' self-respect and their confidence which results from the educational accomplishments, the prevalence of depression in women can be prevented.

In most cases, the simultaneous and concurrent disorders increase the probability of suicide. For example, in almost all of the studies, concurrency of depression disorder, misuse of drugs and alcohol and personality disorders can be diagnosed in the individuals who have committed suicide. In addition, concurrency of demographic features (age and gender), family features (lack of parents, parents' sickness), environmental features (being urban or rural), sociological features and finally unemployment increase the suicidal attempts and suicides. It is notable that if the marital relations and power and reasonability distributions were fair, the flexibility was emerged in the women's behavioral patterns and their sexual functions and also the traditional roles of women were positively valued, probably in the future we would observe some changes in the mental patterns of men and women, changes that ensure their mental health more than before.

## Persian Works Cited

- Body and Mind Health Magazine, Jame Jam, No.8, The Special Depression Edition, 2006.
  - Dehghan, N. 1385. Investigation of relations of social skills and mental health with the educational progress of first grade high school students of Yazd. MSc thesis.
  - Hoseinia, A., Moradi, A., Pazhuhand, A. 1385. Investigation of psychological factors of Iranian students' suicide. Scientific Research Periodical of Psychological Studies, Al Zahra University.
  - Mahmudi, A., Bardi, R., Khodabakhshi, A. 1388. Investigation of relationships of suicidal thoughts, sex and affection in students of the second Academic consultation Seminar, growth and activeness. Alzahra University.
  - Pariru, A. 1388. Investigation of the causes of suicide and its preventative ways.
  - Salahshur, M. 1386.
  - Shafiabadi, A., Naseri, Gh. 1386. Notions of consultation and psychotherapy, Tehran University Press.
  - Shoa Kazami, M., Namdari, M. 1388. Investigation of effects of teaching of confrontation strategies on mental health of patients suffering from MS, the second Academic consultation Seminar, growth and activeness. Al Zahra University.
  - Tailor, S. 1379. Suicide Sociology. Tehran. Avaye Nur.
- English Refrence
- Allgulander k,lavori M(2000).Psychiatric aspects of suicidal behavioral anxiety disorder The hand book of suicide and attempted suicide chic Ester center,1108-8
  - Conner KR,Duberstein PR,Conwell Y,Seidltz L,Caine ED(2001).Psychological vulnerability to completed suicide:A review of empirical studies.suicide and life Threatening Behavior.31(4):353-85
  - Goldberg D,Rabin M(2000).Adolescent suicide and families:An ecological approach.Adolescence journal of The American of child and Adolescent psychiatry.28(110):291-308
  - Hawton, k. Heerigen, k.van(2009). Suicide: The Risk factors, vlume 373, Issue 9672, pages 1372-1381.
  - Hawton, k.Heeringen, K.van (2000). The international Hand book of Suicide and attempted suicide. usA. New york. John wiley sons LTD
  - SAMHSA'S Resorce center to promote Acceptance, Dignity and social inclusion Associated with mental Health (ADS Center) [http:// www. Samhsa.gov/economy/# suicide](http://www.samhsa.gov/economy/#suicide)( 2009)
  - Sane (2008) Suicide and mental illness explained
  - women's Health USA (2009) Mental illness
  - Wasserman, D , (Ed). (2001). Suicide: An unnecessary Death, Sweden. Martin Dunitz.
  - Yen S,Maria E,Pogono M,Tracie S,Carlos M(2005).Recent life events preceding suicide attempts in a personality disorder sample:Findings from The collaborative Longitudinal personality disorders study.journal of consulting and clinical psychology.87:153-202

- [Http:// Oregon, gov/ dhs/ ph/cdsummery](http://Oregon.gov/dhs/ph/cdsummery) (2009) suicides iN CREASE AMONG MIDDLE-AGED WOMEN. Vol.58, No.3